

Equal Housing Opportunity

Date Received: _____

TAX CREDIT – APPLICATION FOR HOUSING

This application must be completed and returned with a \$_____ non-refundable application processing fee. Also enclose copies of all social security cards.

Applicant Name: _____			
Last	MI	First	
Co-Applicant Name: _____			
Last	MI	First	
Current Address: _____			
City: _____	State: _____	Zip Code: _____	Tel #: _____

Any applicant who purposefully falsified, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application will not be considered for housing nor placed on the waiting list.

Complete, in your own handwriting. List the Head of Household (applicant) and all other persons who will be living in your unit. Give the relationship of each family member to the head.

Member Full Name	Relationship	Date of Birth	Age	Sex	Student Y or N	Social Security #
	HEAD					

Does the household anticipate all members of the household will become full-time students in the next 12 months?
 ____ Yes ____ No If so, complete the next 2 lines.

School Name & Address: _____

- Does your household have any needs that might be better served by an apartment that is accessible to persons with mobility impairments? Yes No If yes, explain: _____
- Have you or anyone named on this application ever been convicted of a crime other than a simple misdemeanor (i.e, traffic ticket, etc)? _____ if yes, explain _____
- Have you ever been evicted? _____ If so, explain _____
- Have you ever received a written notice for nonpayment of rent? If yes, explain _____
- Does your household have a pet? _____
- Do you receive Housing Assistance (HRA Section 8 Certificate _____ or Voucher _____ or RAFS _____)
- Is there anyone currently living with you that is not on this application? _____ If so, explain _____
- How did you select our community? Drive by _____ Referral _____ Newspaper _____ Other _____

CURRENT HOUSING STATUS

Address	City	State	Zip

Name of Landlord: _____ Tel #: _____
 Address: _____
 How long have you resided at your current address? _____ Rent? \$ _____

PREVIOUS HOUSING STATUS

Address	City	State	Zip

Name of Landlord: _____ Tel #: _____
 Address: _____
 How long did you reside at this address? _____ Rent? \$ _____

PREVIOUS HOUSING STATUS

Address	City	State	Zip

Name of Landlord: _____ Tel #: _____
 Address: _____
 How long did you reside at this address? _____ Rent? \$ _____

HOUSEHOLD INCOME INFORMATION

All information will be verified by a third party

For each household member age 18 or older, list current and anticipated income for the 12-month period commencing or anticipated from the date of occupancy. Include all full time, part time or seasonal employment. If a household member has more than one source of income, use a separate line for each source.

	DO YOU RECEIVE OR EXPECT TO RECEIVE	YES	NO	MONTHLY AMOUNT
1	Wages, salaries (includes overtime, tips, bonuses, commissions, self-Employment)?			\$
2	Does any member work for someone who pays him/her cash?			\$
3	Regular pay for a member of the armed forces?			\$
4	Welfare or disability benefits (AFDC, SS GA)?			\$
5	Worker's Compensation?			\$
6	Unemployment benefits or Severance pay?			\$
7	Child Support?			\$
8	Alimony?			\$
9	Education grants, scholarships or VA student benefits?			\$
10	Social Security Payments?			\$
11	Pensions (PERA, railroad, etc.)?			\$
12	Death Benefits?			\$
13	Retirements Benefits?			\$
14	Annuities or life insurance dividends?			\$
15	Lump sum payments (include inheritance, insurance settlements, lottery winnings, etc)			\$
16	Net income from rental property?			\$
17	Regular cash contributions or gifts from individuals not living in the unit?			\$
18	Other, (list)?			\$

Question #	Family Member	SOURCE(S) OF INCOME NAMES <u>AND</u> ADDRESSES (i.e. employers, public assistance office, social security, pension fund, etc.)

HOUSEHOLD ASSETS
All information will be verified by a third party

	DO YOU HAVE MONEY HELD IN	YES	NO	AMOUNT
1	Checking Accounts			\$
2	Savings Accounts			\$
3	Stocks			\$
4	Capital Investments			\$
5	Bonds			\$
6	Trusts			\$
7	Securities			\$
8	IRA/KEOGH Accounts			\$
9	Certificates of Deposit			\$
10	Pension/Retirement Funds			\$
11	Mutual Funds			\$
12	Treasury Bills			\$
13	Safety Deposit Box			\$
14	Insurance Settlement			\$
15	Other (list)			\$
				\$
				Value
16	Do you currently hold a contract for deed			\$
17	Do you currently own real estate			\$
	If yes, please list the location(s), number of acres owned, any expenses (i.e. taxes, insurance, etc.) and any income received:			
18	Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items held for investment purposes?			\$
19	Are any assets held jointly with another person?			
	If yes, list person's name and the asset(s) held jointly:			

Question #	Family Member	List Name AND Address of Bank or Institution where funds are kept. Provide copy of entire property tax statement for any real estate owned

I/we certify that I/we have _____ have not _____ sold or disposed of any asset for less than Fair Market Value during the two year (24 month) period preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value are identified below.

Relationship to Head of Household	Assets Estimated Value	Date Sold / Disposed of	Amount Received

Applicant(s) hereby understand and represent that (1) this application is complete and contains all material facts; and (2) if applicant(s) rent an apartment/townhome such rental may be canceled in the event that any statement or information furnished by the applicant is false.

All household members age 18 or older must sign below

Applicant Signature _____

Date _____

Applicant Signature _____

Date _____